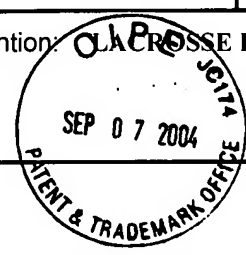



Plw

| | | | | | |
|---|-------------------------------------|--------------------------------------|--|---------|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | Docket No. STX-012 | | |
| Applicant(s): KOHLER ET AL. | | | | | |
| Serial No. 10/630,856 | Filing Date July 31, 2003 | Examiner CHAMBERS, Michael | Group Art Unit 3711 | | |
| Invention: LACROSSE HEAD HAVING AN ARTICULATED MEMBER | | | | | |
|  <u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u> | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| <input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. | | | | | |
| <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 31 - | 31 = | 0 x | \$9.00 | \$0.00 |
| INDEP. CLAIMS | 2 - | 3 = | 0 x | \$42.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. | | | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1390 A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. | | | | | |
| <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
|  _____ <i>Signature</i> | | | Dated: September 7, 2004 | | |
| David C. Isaacson Registration No. 38,500 SHAW PITTMAN LLP 1650 Tysons Boulevard McLean, VA 22102 | | | <div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p><p style="text-align:center"><i>Signature of Person Mailing Correspondence</i></p><p style="text-align:center"><i>Typed or Printed Name of Person Mailing Correspondence</i></p></div> | | |
| Customer No. 28970 | | | | | |
| CC: | | | | | |

STX-012



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|--|--------------------------------|
| In re the Application of: | |
| KOHLER ET AL. | |
| Serial No.: 10/630,856 | Art Unit: 3711 |
| Filed: July 31, 2003 | Examiner: Chambers, Michael S. |
| For: LACROSSE HEAD HAVING AN ARTICULATED MEMBER | |

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on June 17, 2004, please amend the above-identified application as set forth below.

No extension of time or other fees are believed to be due, except as detailed in the attached documents. However, any extension of time necessary to prevent abandonment is hereby requested, and any fee necessary for consideration of this response is hereby authorized to be charged to Deposit Account Number 50-1390.

Amendments to the Claims: reflected in the listing of claims that begins on page 2 of this paper.

Remarks: begin on page 9 of this paper.